

APPLICATION FOR PRIVILEGE LICENSE

**THIS APPLICATION REQUIRED BY STATE LAW
THIS COPY MUST BE SIGNED AND RETURNED WITH REMITTANCE**

City Tax Collector,
City Hall, Lampkin Street
Starkville, MS 39759

Dear Sir:
Application is hereby made for Privilege License as follows:

Licensee
and mail
address

Trading as

local address

In profess-
ion or bus-
ness class-
ification of

License Listed Hereon is Due

**and must be paid on or before last day of
same month to avoid delinquency and 50%
penalty.**

ACCT. NO.

PHONE NO.

Applicant enter or correct
phone number if necessary.

BUSINESS CLASSIFICATION	*SEE INSTRUCTIONS	UNIT OF MEASURE	Code Number	License Due

* Business classifications for which amount of license is determined by rates or schedules are identified by asterisk * and must be completed by applicant entering number of machines, quantity, inventory value, etc. and amount of license due, in columns opposite asterisks. Rates are listed on application or schedule attached.

License issued for one year, with certain exceptions, dates from first day of month of issue, expires on LAST DAY of month covered, and must be renewed during following month; that is, same month of original issue, if for one year. MAILING REMITTANCE ON LAST DAY OF MONTH IS NOT SUFFICIENT, but must be received in time for license to be issued within the month due.

A mandatory penalty of fifty percent of license due, is imposed by law in event of delinquency and cannot be waived by Tax Collector.

Application must be executed under oath before an officer with seal, or by Tax Collector or authorized deputy who has authority to take acknowledgment without seal.

Application must be accompanied by remittance payable to CITY OF STARKVILLE. If paid by mail, address to City Tax Collector, City Hall, Lampkin Street, Starkville, MS 39759, and mail in time for delivery before last day of month due.

For additional information write or phone, 323-4813.

FOR USE BY TAX COLLECTOR

New _____ Renewal _____

Additional-Code No. _____

Prorated to _____

Common due date? _____

Heading cards? _____

Licensee correction _____

Trade name change _____

Instructions on back _____

License No. _____

Check which:
INDIVIDUAL _____

PARTNERSHIP _____

CORPORATION _____

If business is a partnership the names of each partner are:

I hereby certify that all information given on this application for the purpose of securing Privilege License, and determining the amount due, is true and correct.

Applicant must sign here _____
and return both copies
with remittance. _____

If partnership or corporation, give official title of person making application.

AFFIDAVIT

Subscribed and sworn to before me, this the _____ day of _____ 20 _____

(SEAL)